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UTILITY	Attorney Docket No.		tion of information unless it displays a valid OMB control number 7175-74811					
PATENT APPLICATION	First Inventor		Dennis J. Gallant et al.					
TRANSMITTAL	Title		Apparatus and Method for Upgrading a Hospital Room					
(Only for new nonprovisional applications under 37 CFR 1.53(b))	Express Mail Label		EV404970695US					
APPLICATION ELEMENTS  See MPEP chapter 600 concerning utility patent application co	ontents.		Mall Stop Patent Application Commissioner for Patents P. O. Box 1450 Alexandria VA 22313-1450					
Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processin Applicant claims small entity status. See 37 CFR 1.27.  Specification (Total Pages (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure	30 ]	(if appli a. b.	CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) obtide and/or Amino Acid Sequence Submission icable, all necessary)  Computer Readable Form (CRF)  Specification Sequence Listing on:  i. CD-ROM or CD-R (2 copies); or  ii. Paper  Statements verifying identity of above copies  COMPANYING APPLICATION PARTS  Assignment Papers (cover sheet & document(s))  37 CFR 3.73(b) Statement (when there is an assignee)					
4. Drawing(s) (35 U.S.C. 113) [Total Sheets]  5. Oath or Declaration [Total Pages]  a. Newly executed (original or copy)  b. Copy from a prior application (37 CF) (for continuation/divisional with Box 18 continuation/divisional with Box 18 continuation/divisional with Box 18 continuation in the prior application, see 1.63(d)(2) and 1.33(b).  6. Application Data Sheet. See 37 CFR 1.76  18. If a CONTINUING APPLICATION, check appropriate specification following the title, or in an Application Data Sheet un	npleted) '' g inventor(s) g 37 CFR	12.	English Translation Document (if applicable)  Information Disclosure Statement (IDS)/PTO-1449 Citations  Preliminary Amendment  Return Receipt Postcard (MPEP 503) (Should be specifically itemized) Certified Copy of Priority Document(s) (if foreign priority is claimed) Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.  Other:					
	tion-in-part		Group / Art Unit:					

Prior application information: Examiner Fredrick C. Conley Group / Art Unit: 3673

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from whilch an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

	19. CORRESPONDENCE ADDRESS						
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Country		Telephone	Fax				

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Registration No. (Attorney/Agent)

27,510

3/19/04

Name (Print/Type) Dilip A Kulkarn

Signature

22313-1450.

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PTO/SB/17 (10-03)
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**FEE TRANSMITTA** 

Complete if Known

for FY 2004			Application Number			Unknown					
			Filing Date			Herewith (March 19, 2004)					
Effective 10/01/2003. Patent fees are subject to annual revision.			First Named Inventor			Dennis	Dennis J. Gallant et al.				
Applicant claims small entity status. See 37 CFR 1.27			niner N	Vame		Unknown					
		Art U	Init			Unkno	wn				
TOTAL AMOUNT OF PAYMENT (\$) \$806	5.00 <b>[</b>	Attorney Docket No.			7175-74811						
METHOD OF PAYMENT (check all that apply)			_	FE	E C	ALCULA	TION (cc	ontinued)			
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Deposit PARAMES & THORNING	1052	50	2052	25	Surch sheet		provisional	filing fee or cover			
Account Name BARNES & THORNBURG	1053	130	1053	130	Non -	- English sp	ecification				
The Director is authorized to: (check all that apply)	1812	2,520	1812	2,520	For fil	iling a reque					
Charge fee(s) indicated below Credit any overpayments	1804	920*	1804	920*	Requ		ication of S	IR prior to Examine	r		
Charge any additonal fee(s) or any underpayment of fee(s)	1805	1,840*	1805	1,840*	Requ	esting publ	ication of S	IR after Examiner			
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to the above-identified deposit account.	1252		2252	210		•	•	cond month			
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BASIC FILING FEE  Large Entity   Small Entity	1254	· ·	2254			nsion for rep	•				
Fee Fee Fee Fee Description		2,010	2255	1,005	Exten	nsion for rep	y oly within fif	th month			
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1001 770 2001 385 Utility filing fee 770.00 1002 340 2002 170 Design filing fee	1402	330	2402	165	Filing	a brief in s	upport of a	n appeal			
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1004 770 2004 385 Reissue filing fee	1451	1,510	1451	1,510	Petitio	ion to institu	on to institute a public use proceeding				
1005 160 2005 80 Provisional filing fee	1452	110	2452	55	Petitio	ion to revive	on to revive - unavoidable				
SUBTOTAL (1) (\$) \$770.00	1453	1,330	2453	665	Petitio	ion to revive	- unintenti	onal			
2. EXTRA CLAIM FEES FOR UTILITY AND	1501	1,330	2501	665	Utility	y issue fee (	or reissue)				
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Extra Claims below Fee Paid  Total Claims 22 -20** = 2 X 18.00 = 36.00	1503	640	2503	320	Plant	t issue fee					
Independent 3 - 3** = 0 X 86.00 = 0.00	1460	130	1460	130	Petitio	ions to the C	Commission	ner			
Claims Cl	1807	50	1807			-		R § 1.17(q)			
Large Entity   Small Entity	1806	180	1806	180		nission of In ement	formation [	Disclosure			
Fee Fee Fee Fee Description Code (\$) Code (\$)	8021	40	8021	40	Reco	ording each		gnment per propert	у		
1202 18 2202 9 Claims in excess of 20	1809	770	2809	385	Filing	a submissi	s number of properties)  a submission after final rejection				
1201 86 2201 43 Independent claims in excess of 3					(37 Č	FR § 1.12	(9(a))	n to be examined			
1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810		(37 C	CFR § 1.12	9(b))				
1204 86 2204 43 ** Reissue independent claims over original patent	1801		2801	385				mination (RCE)			
1205 18 2205 9 ** Reissue claims in excess of 20	1802	900	1802	900	Requ of a d	uest for expedesign appli	edited exan cation	ination			
and over original patent	Oth	Other fee (specify)									
SUBTOTAL (2) (\$) \$36.00			_								
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SUBMITTED BY		Registra	ation Ma				Complete (				
Name (Print/Type) Dilip A. Kulkarni		Attorney			27,	,510	Telephone	(317) 23	1-7419		
Signature Date 3/19/04											
7/1/7	-										

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## **BARNES & THORNBURG**

11 South Meridian Street Indianapolis, IN 46204 (317) 236-1313 (317) 231-7433 Fax

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group:	Unknown	}
Confirmation No.:	Unknown	}
Application No.:	Unknown	}
Invention:	APPARATUS AND METHOD FOR UPGRADING A HOSPITAL ROOM	}
Applicant:	Dennis J. Gallant et al.	}
Filed:	Herewith (March 19, 2004)	}
Attorney Docket:	7175-74811	} } }
Examiner:	Unknown	} }

## **CERTIFICATE UNDER 37 C.F.R. § 1.10**

Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on March 19, 2004. The Express Mail mailing label number is EV404970695US.

Respectfully submitted,

**BARNES & THORNBURG** 

Karla I. Mays

DAK/kim Indianapolis, IN (317) 231-7419

INDS02 DAK 643925v1